

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan ARKANSAS CHILDREN'S DEFINED CONTRIBUTION RETIREMENT PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 07/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ARKANSAS CHILDREN'S 1 CHILDREN'S WAY SLOT 600 LITTLE ROCK, AR 72202
2b Employer Identification Number (EIN) 81-0801296
2c Plan Sponsor's telephone number 501-364-2135
2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2023) v. 230707

|  |  |      |
|--|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor   | <b>3b</b> Administrator's EIN              |      |
|  | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN                              |      |
|  | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b>                                   | 3954 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 3144 |
|  | <b>6a(2)</b>                               | 3368 |
|  | <b>6b</b>                                  | 28   |
|  | <b>6c</b>                                  | 709  |
|  | <b>6d</b>                                  | 4105 |
|  | <b>6e</b>                                  | 40   |
|  | <b>6f</b>                                  | 4145 |
|  | <b>6g(1)</b>                               | 3673 |
| <b>6g(2)</b>   | 3748                                       |      |
| <b>6h</b>  | 130  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  | <b>7</b>                                   |      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2K 2S 2T 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" type="checkbox"/> Insurance                       |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust                           | (3) <input checked="" type="checkbox"/> Trust                           |
| (4) <input type="checkbox"/> General assets of the sponsor              | (4) <input type="checkbox"/> General assets of the sponsor              |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|  |   |
|--|---|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>  |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)   | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                            |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                          |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                               | (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>2</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                     |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                          |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                             |

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>ARKANSAS CHILDREN'S DEFINED CONTRIBUTION RETIREMENT PLAN</b>    | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ARKANSAS CHILDREN'S</b> | <b>D</b> Employer Identification Number (EIN)<br><b>81-0801296</b> |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>36-6071399</b> | <b>70688</b>         | <b>TA080217</b>                              | <b>3748</b>  | <b>07/01/2023</b>              | <b>06/30/2024</b> |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

| <b>Part II</b>                       | <b>Investment and Annuity Contract Information</b>   |                     |
|--------------------------------------|--|---------------------|
|                                      | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                     |
| <b>4</b>                             | Current value of plan's interest under this contract in the general account at year end .....  | 105088              |
| <b>5</b>                             | Current value of plan's interest under this contract in separate accounts at year end.....   |                     |
| <b>6</b>                             | <b>Contracts With Allocated Funds:</b>   |                     |
| <b>a</b>                             | State the basis of premium rates ▶   |                     |
| <b>b</b>                             | Premiums paid to carrier .....   | <b>6b</b>           |
| <b>c</b>                             | Premiums due but unpaid at the end of the year.....  | <b>6c</b>           |
| <b>d</b>                             | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                      | <b>6d</b>           |
| <b>e</b>                             | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                     |
| <b>f</b>                             | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                     |
| <b>7</b>                             | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                     |
| <b>a</b>                             | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |                     |
| <b>b</b>                             | Balance at the end of the previous year .....  | <b>7b</b> 74301     |
| <b>c</b>                             | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b>        |
|                                      | (2) Dividends and credits .....  | <b>7c(2)</b>        |
|                                      | (3) Interest credited during the year .....  | <b>7c(3)</b> 1917   |
|                                      | (4) Transferred from separate account.....   | <b>7c(4)</b>        |
|                                      | (5) Other (specify below) .....  | <b>7c(5)</b> 123739 |
|                                      | ▶ ADDITIONS TO FORFEITURES AND EBA   |                     |
| (6) Total additions .....            | <b>7c(6)</b> 125656  |                     |
| <b>d</b>                             | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 199957    |
| <b>e</b>                             | Deductions:  |                     |
|                                      | (1) Disbursed from fund to pay benefits or purchase annuities during year  | <b>7e(1)</b>        |
|                                      | (2) Administration charge made by carrier .....  | <b>7e(2)</b> 6121   |
|                                      | (3) Transferred to separate account.....   | <b>7e(3)</b>        |
|                                      | (4) Other (specify below) .....  | <b>7e(4)</b> 88748  |
| ▶ ALLOCATED FORFEITURES AND EXPENSES |  |                     |
| (5) Total deductions .....           | <b>7e(5)</b> 94869   |                     |
| <b>f</b>                             | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....   | <b>7f</b> 105088    |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶

**9** Experience-rated contracts:

|   |                 |                 |
|---|-----------------|-----------------|
| <b>a</b> Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
| (2) Increase (decrease) in amount due but unpaid.....   | <b>9a(2)</b>    |                 |
| (3) Increase (decrease) in unearned premium reserve .....   | <b>9a(3)</b>    |                 |
| (4) Earned ((1) + (2) - (3)).....   |                 | <b>9a(4)</b>    |
| <b>b</b> Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |
| (2) Increase (decrease) in claim reserves .....   | <b>9b(2)</b>    |                 |
| (3) Incurred claims (add (1) and (2)).....  |                 | <b>9b(3)</b>    |
| (4) Claims charged .....  |                 | <b>9b(4)</b>    |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
| (A) Commissions .....   | <b>9c(1)(A)</b> |                 |
| (B) Administrative service or other fees .....  | <b>9c(1)(B)</b> |                 |
| (C) Other specific acquisition costs .....  | <b>9c(1)(C)</b> |                 |
| (D) Other expenses .....  | <b>9c(1)(D)</b> |                 |
| (E) Taxes .....   | <b>9c(1)(E)</b> |                 |
| (F) Charges for risks or other contingencies.....   | <b>9c(1)(F)</b> |                 |
| (G) Other retention charges.....  | <b>9c(1)(G)</b> |                 |
| (H) Total retention .....   |                 | <b>9c(1)(H)</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |
| (2) Claim reserves .....  |                 | <b>9d(2)</b>    |
| (3) Other reserves.....   |                 | <b>9d(3)</b>    |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|   |            |
|---|------------|
| <b>a</b> Total premiums or subscription charges paid to carrier.....  | <b>10a</b> |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>ARKANSAS CHILDREN'S DEFINED CONTRIBUTION RETIREMENT PLAN</b>    | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ARKANSAS CHILDREN'S</b> | <b>D</b> Employer Identification Number (EIN)<br><b>81-0801296</b> |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TRANSAMERICA LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>39-0989781</b> | <b>86231</b>         | <b>TA080217</b>                              | <b>3748</b>  | <b>07/01/2023</b>              | <b>06/30/2024</b> |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |         |
|--|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 7490833 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits ..... **7c(2)**  
 (3) Interest credited during the year ..... **7c(3)**  
 (4) Transferred from separate account..... **7c(4)**  
 (5) Other (specify below) ..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:  
 (1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier ..... **7e(2)**  
 (3) Transferred to separate account..... **7e(3)**  
 (4) Other (specify below) ..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |
|----------|--|-----------------|-----------------|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |
|          | (2) Increase (decrease) in amount due but unpaid.....  | <b>9a(2)</b>    |                 |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |
|          | (4) Earned ((1) + (2) - (3)).....  |                 | <b>9a(4)</b>    |
| <b>b</b> | Benefit charges (1) Claims paid.....   | <b>9b(1)</b>    |                 |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |
|          | (3) Incurred claims (add (1) and (2)).....   |                 | <b>9b(3)</b>    |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |
|          | (F) Charges for risks or other contingencies.....  | <b>9c(1)(F)</b> |                 |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |
|          | (3) Other reserves.....  |                 | <b>9d(3)</b>    |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>ARKANSAS CHILDREN'S DEFINED CONTRIBUTION RETIREMENT PLAN</b>    | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ARKANSAS CHILDREN'S</b> | <b>D</b> Employer Identification Number (EIN)<br><b>81-0801296</b> |            |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**TRANSAMERICA RETIREMENT SOLUTIONS**

**13-3689044**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                          | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|--|--|--|---|--|
| 12 15 28 37<br>38 50 54 59<br>61 62 63 64<br>65 | RECORDKEEPER  | 81313  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

NATIONAL FINANCIAL SERVICES

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 33 71                  | SECURITIES BROKER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AMERICAN FUNDS<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513         | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COHEN & STEERS<br>280 PARK AVENUE<br>NEW YORK, NY 10017             | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| TRANSAMERICA RETIREMENT SOLUTIONS   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA-DIMENSIONAL<br>6300 BEE CAVE RD<br>BUILDING ONE<br>AUSTIN, TX 78746   | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FEDERATED HERMES<br>P.O. BOX 219318<br>KANSAS CITY, MO 64121              | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GOLDMAN SACHS<br>3414 PEACHTREE ROAD NE<br>SUITE 600<br>ATLANTA, GA 30326 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions)   | (c) Enter amount of indirect compensation |
|---|---|---|
| TRANSAMERICA RETIREMENT SOLUTIONS                       | 12 15 28 37 38 50 54 59 61<br>62 63 64 65 | 0   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|--|
| GUGGENHEIM<br>227 W. MONROE STREET<br>CHICAGO, IL 60606             | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions)   | (c) Enter amount of indirect compensation |
|---|---|---|
| TRANSAMERICA RETIREMENT SOLUTIONS                       | 12 15 28 37 38 50 54 59 61<br>62 63 64 65 | 0   |

| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|--|--|
| METROPOLITAN WEST ASSET<br>11766 WILSHIRE BLVD.<br>SUITE 1500<br>LOS ANGELES, CA 90025 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions)   | (c) Enter amount of indirect compensation |
|---|---|---|
| TRANSAMERICA RETIREMENT SOLUTIONS                       | 12 15 28 37 38 50 54 59 61<br>62 63 64 65 | 0   |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|--|
| PIMCO<br>650 NEWPORT CENTER DR<br>NEWPORT BEACH, CA 92660           | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| TRANSAMERICA RETIREMENT SOLUTIONS                                   | 12 15 28 37 38 50 54 59 61<br>62 63 64 65  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AMERICAN FUNDS<br>5300 ROBIN HOOD ROAD<br>NORFOLK, VA 23513         | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK<br>40 EAST 52ND ST<br>NEW YORK, NY 10022                  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COHEN & STEERS<br>280 PARK AVENUE<br>NEW YORK, NY 10017                 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA-DIMENSIONAL<br>6300 BEE CAVE RD<br>BUILDING ONE<br>AUSTIN, TX 78746 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FEDERATED HERMES<br>P.O. BOX 219318<br>KANSAS CITY, MO 64121            | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation  |
|--|---|--|
| NATIONAL FINANCIAL SERVICES  | 33 71                                       | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GOLDMAN SACHS<br>3414 PEACHTREE ROAD NE<br>SUITE 600<br>ATLANTA, GA 30326              | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |  |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation  |
| NATIONAL FINANCIAL SERVICES  | 33 71                                       | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GUGGENHEIM<br>227 W. MONROE STREET<br>CHICAGO, IL 60606                                | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |  |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)     | (c) Enter amount of indirect compensation  |
| NATIONAL FINANCIAL SERVICES  | 33 71                                       | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                    |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| METROPOLITAN WEST ASSET<br>11766 WILSHIRE BLVD.<br>SUITE 1500<br>LOS ANGELES, CA 90025 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H) |  |

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| PIMCO<br>650 NEWPORT CENTER DR<br>NEWPORT BEACH, CA 92660           | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|   |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|   |  |   |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b> |  |
| <b>A</b> Name of plan<br><b>ARKANSAS CHILDREN'S DEFINED CONTRIBUTION RETIREMENT PLAN</b>                 | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ARKANSAS CHILDREN'S</b>              | <b>D</b> Employer Identification Number (EIN)<br><b>81-0801296</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 5029360               | 5382501         |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 8611                  | 6670            |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 8                     | 9               |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 1175                  | 1500            |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 68900435              | 79068444        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 74301                 | 105088          |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 7028635               | 7490833         |

| 1d Employer-related investments:                                   |       | (a) Beginning of Year | (b) End of Year |
|--|-------|-----------------------|-----------------|
| (1) Employer securities .....                                      | 1d(1) |                       |                 |
| (2) Employer real property .....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation .....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e) .....      | 1f    | 81042525              | 92055045        |
| <b>Liabilities</b>   |       |                       |                 |
| g Benefit claims payable .....                                     | 1g    |                       |                 |
| h Operating payables .....   | 1h    |                       |                 |
| i Acquisition indebtedness .....                                   | 1i    |                       |                 |
| j Other liabilities .....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k    |                       |                 |
| <b>Net Assets</b>  |       |                       |                 |
| l Net assets (subtract line 1k from line 1f) .....                 | 1l    | 81042525              | 92055045        |

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>   |          | (a) Amount | (b) Total |
|---|----------|------------|-----------|
| <b>a Contributions:</b>   |          |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | 2a(1)(A) | 5455290    |           |
| (B) Participants .....  | 2a(1)(B) | 193653     |           |
| (C) Others (including rollovers) .....  | 2a(1)(C) |            |           |
| (2) Noncash contributions .....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....                   | 2a(3)    |            | 5648943   |
| <b>b Earnings on investments:</b>   |          |            |           |
| (1) Interest:   |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) |            |           |
| (B) U.S. Government securities .....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments .....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants) .....  | 2b(1)(D) |            |           |
| (E) Participant loans .....   | 2b(1)(E) | 40         |           |
| (F) Other .....   | 2b(1)(F) | 1917       |           |
| (G) Total interest. Add lines 2b(1)(A) through (F) .....                                      | 2b(1)(G) |            | 1957      |
| (2) Dividends:  |          |            |           |
| (A) Preferred stock .....   | 2b(2)(A) |            |           |
| (B) Common stock .....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | 2b(2)(C) | 1729938    |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                   | 2b(2)(D) |            | 1729938   |
| (3) Rents .....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:  |          |            |           |
| (A) Aggregate proceeds .....  | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions) .....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets:   |          |            |           |
| (A) Real estate .....   | 2b(5)(A) |            |           |
| (B) Other .....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                 | 2b(5)(C) |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 8415028   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 164427    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 15960293  |

**Expenses**

|   |               |         |         |
|---|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 4860339 |         |
| (2) To insurance carriers for the provision of benefits.....                                | <b>2e(2)</b>  |         |         |
| (3) Other.....  | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 4860339 |
| <b>f</b> Corrective distributions (see instructions).....                                   | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:   |               |         |         |
| (1) Salaries and allowances.....  | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees.....  | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees.....   | <b>2i(3)</b>  | 81313   |         |
| (4) IQPA audit fees.....  | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 4329    |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....  | <b>2i(8)</b>  | 1792    |         |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....   | <b>2i(11)</b> |         |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 87434   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 4947773 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 11012520 |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan .....  | <b>2l(1)</b> |  |          |
| (2) From this plan .....  | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **LANDMARK PLC**

(2) EIN: **71-0355269**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|   | Yes | No | Amount  |
|---|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....  |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....   | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....  |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....   |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....   |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....  |     | X  |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>ARKANSAS CHILDREN'S DEFINED CONTRIBUTION RETIREMENT PLAN</u>    | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ARKANSAS CHILDREN'S</u> | <b>D</b> Employer Identification Number (EIN)<br><u>81-0801296</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**All references to distributions relate only to payments of benefits during the plan year.**

|   |          |          |
|---|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | <b>1</b> | <u>0</u> |
|---|----------|----------|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-3689044

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

|  |          |  |
|--|----------|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | <b>3</b> |  |
|--|----------|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

|  |           |  |
|--|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....   | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....   | <b>6b</b> |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | <b>6c</b> |  |

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....  Increase  Decrease  Both  No

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

|  |            |  |
|--|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....   | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....   | <b>14c</b> |  |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|  |            |  |
|--|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....   | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**Arkansas Children's  
Defined Contribution Retirement Plan**

**Financial Statements  
and  
Supplemental Schedule  
As of June 30, 2024 and 2023  
and for the Year Ended June 30, 2024**

**(With Independent Auditor's Report Thereon)**

**Arkansas Children’s  
Defined Contribution Retirement Plan**

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of the  
Arkansas Children's Defined Contribution Retirement Plan  
Little Rock, Arkansas

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of **Arkansas Children's Defined Contribution Retirement Plan (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets for benefits for the year ended June 30, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

To the Trustees and Participants of the  
Arkansas Children's Defined Contribution Retirement Plan

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

To the Trustees and Participants of the  
Arkansas Children's Defined Contribution Retirement Plan

### **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Other Matters**

#### *Supplemental Schedule Required by ERISA*

The supplemental schedule of assets (held at end of year) as of June 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the

To the Trustees and Participants of the  
Arkansas Children's Defined Contribution Retirement Plan

**Other Matters (Continued)**

*Supplemental Schedule Required by ERISA (Continued)*

underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "Landmark PLC". The signature is written in a cursive, flowing style.

Little Rock, Arkansas  
December 16, 2024

## **Financial Statements**

# Arkansas Children's Defined Contribution Retirement Plan

## Statements of Net Assets Available for Benefits June 30, 2024 and 2023

|  | 2024          | 2023          |
|--|---------------|---------------|
| <b>ASSETS</b>                            |               |               |
| <b>Investments, at Fair Value</b>        |               |               |
| Mutual funds                             | \$ 79,068,444 | \$ 68,900,435 |
| TFLIC Fixed Fund                         | 105,088       | 74,301        |
| Stable value fund                        | 7,490,833     | 7,028,635     |
| Total investments                        | 86,664,365    | 76,003,371    |
| <b>Receivables</b>                       |               |               |
| Employer contributions                   | 5,382,501     | 5,029,360     |
| Employee contributions                   | 6,670         | 8,611         |
| Notes receivable from participants       | 1,509         | 1,183         |
| Total receivables                        | 5,390,680     | 5,039,154     |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | \$ 92,055,045 | \$ 81,042,525 |

See accompanying notes to financial statements.

# Arkansas Children's Defined Contribution Retirement Plan

## Statement of Changes in Net Assets Available for Benefits Year Ended June 30, 2024

### ADDITIONS

#### Investment Income

|   |                   |
|---|-------------------|
| Interest and dividends                        | \$ 1,731,855      |
| Net appreciation in fair value of investments | 8,579,455         |
| <b>Net investment income</b>                  | <u>10,311,310</u> |

#### Contributions

|                            |                  |
|----------------------------|------------------|
| Employee                   | 193,653          |
| Employer                   | 5,455,290        |
| <b>Total contributions</b> | <u>5,648,943</u> |

#### Interest on Notes Receivable from Participants

40

#### Total Additions

15,960,293

### DEDUCTIONS

|                               |           |
|-------------------------------|-----------|
| Benefits paid to participants | 4,860,339 |
| Administrative expenses       | 87,434    |

#### Total Deductions

4,947,773

### NET INCREASE IN NET ASSETS

11,012,520

### NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR

81,042,525

### NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR

\$ 92,055,045

See accompanying notes to financial statements.

# Arkansas Children's Defined Contribution Retirement Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## **NOTE 1: DESCRIPTION OF THE PLAN**

The following description of the Arkansas Children's Defined Contribution Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The following employers participate in the Plan:

|  |   |
|--|---|
| Arkansas Children's, Inc.                    | Arkansas Children's Foundation, Inc.    |
| Arkansas Children's Hospital                 | Arkansas Children's Northwest, Inc.     |
| Arkansas Children's Research Institute, Inc. | Arkansas Children's Medical Group, PLLC |
| Arkansas Children's Care Network             |   |

Collectively, Arkansas Children's, Inc. (Plan Sponsor and Plan Administrator) and its related employers are hereinafter referred to as "the Employer."

### **Nature of Operations**

The Plan, which was established July 1, 2002, is a defined contribution plan maintained for the benefit of eligible employees of the aforementioned employers who have met the eligibility requirements as defined in the Plan agreement. Generally, an employee is eligible to participate in the Plan at the next entry date after which the employee is credited with one year of service and has attained age twenty-one. Entry dates are January 1 and July 1.

The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Transamerica Retirement Solutions ("Transamerica" or "Plan Recordkeeper"), serves as the record-keeper of the Plan and is responsible for the overall administration of the Plan, including maintaining participant account balances. State Street Bank and Trust Company ("State Street") and Transamerica Financial Life Insurance Company ("TFLIC") are the Custodians ("Custodians") of the Plan.

### **Contributions**

The Plan allows for participant contributions and related employer matching contributions from one of the related employers who is unable to participate in the Plan Sponsor's 403(b) plan. Under the Plan document, matching contributions shall not exceed the lesser of (1) 50% of the eligible employee's elective deferrals for the Plan year, or (2) 5% of the eligible employee's applicable compensation for the Plan year. To be eligible for the employer's matching contributions participants must be credited with one year of service, must be an eligible employee on the last day of the Plan year and must be employed on the last day of the Plan year, except in the year of death or due to the retirement of the eligible employee after attaining normal retirement age. Additionally, upon approval by the Board of Directors ("Board"), the Employer contributes a discretionary percentage of all eligible employees' salaries to the Plan. The Board evaluates whether or not to contribute to the Plan on an annual basis. The Employer contributed to each eligible employees' account 2% of the individual's eligible salary for the years ended June 30, 2024 and 2023. Participants must be employed on the last day of the year and must complete 1,000 hours of service during the year, except in the year of retirement, death, or disability, to be eligible for the Employer contributions.

# Arkansas Children's Defined Contribution Retirement Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## **NOTE 1: DESCRIPTION OF THE PLAN (Continued)**

### **Participants' Accounts**

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, employer matching contribution, the Employer's contribution, allocated forfeitures, if any, and Plan earnings and credits, and charged with withdrawals and an allocation of Plan losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### **Investments**

Contributions to the Plan are invested as directed by participants. Participants may invest in one or more investment options offered by Transamerica, including a stable value fund and a variety of mutual funds that are structured for different levels of risk tolerance and time horizons. Any employee who joins the Plan but does not actively choose the investment options for their contributions is automatically invested in the Plan's default investment option which allocates the contributions to investment funds offered under the Plan in allocation percentages based on the participant's age. Participants may change their investment options at any time.

### **Vesting**

Participants are fully vested at all times in their own contributions plus actual earnings thereon. Vesting in the employer matching contribution, the Employer's contributions, and earnings thereon, occurs according to the following schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| 1                       | 20%                      |
| 2                       | 40%                      |
| 3                       | 60%                      |
| 4                       | 80%                      |
| 5                       | 100%                     |

### **Notes Receivable from Participants**

The Plan allows participants to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates at the time the funds are borrowed, as determined by the Plan Administrator. Principal and interest is paid through payroll deductions. Loan balances for active participants that have not had payments credited within 90 days are considered defaulted loans and are taxed as distributions to the participant.

# Arkansas Children's Defined Contribution Retirement Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## **NOTE 1: DESCRIPTION OF THE PLAN (Continued)**

### **Forfeitures**

Participants withdrawing from the Plan forfeit the portion of their account balances in which they are not vested. Forfeitures will first be used, when required, to restore forfeited account balances for a reemployed participant and any remaining amounts may be used to pay administrative expenses of the Plan and Trust. If forfeitures still remain, they will be used to reduce the Employer's contribution for the Plan year in which the forfeiture occurred. At June 30, 2024 and 2023, forfeited non-vested accounts totaled approximately \$76,000 and \$74,000, respectively. During the year ended June 30, 2024, forfeitures totaling approximately \$89,000 were used to reduce Employer contributions.

### **Payment of Benefits**

Participants are entitled to benefits equal to their vested account balance upon retirement, death, disability, or termination from service. If the vested balance is \$1,000 or less, the participant or beneficiary will be paid in a lump sum amount. However, if the vested balance is greater than \$1,000 but less than \$5,000, the distribution will be paid in a direct rollover to an individual retirement account designated by the Plan Administrator unless the participant or beneficiary requests a lump sum distribution. Vested balances exceeding \$5,000 may be paid at the discretion of the participant or their beneficiary by single lump sum payment, direct transfer to an individual retirement account or another qualified plan, or through periodic payments.

### **Plan Termination**

Although it has not expressed an intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

## **NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly fashion between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the Custodians. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade dates. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

# Arkansas Children's Defined Contribution Retirement Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## **NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

### **Investment Valuation and Income Recognition (Continued)**

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

### **Investment Contract with Insurance Company**

The Plan, through a group annuity contract, invests funds held in the forfeiture account in the TFLIC Fixed Fund, which is a benefit-responsive fund, with underlying investments in the TFLIC's general account. Funds invested in the TFLIC Fixed Fund are maintained on a unit value basis. The Plan does not have a beneficial ownership in specific underlying securities or other assets in the TFLIC Fixed Fund, but has an interest therein represented by units valued as of the last business day of the period. The TFLIC Fixed Fund's earnings, such as dividends and interest, are automatically reinvested in additional units. The Plan may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the TFLIC Fixed Fund, plus earnings, less participant withdrawals.

Participant accounts are invested in the Arkansas Children's Stable Fund (the "Stable Fund"). The Stable Fund is a guaranteed non-pooled separate account provided under a group annuity contract issued by TFLIC. The portfolio of the Stable Fund is maintained separately from TFLIC's general assets. The Plan does not own any underlying securities of the Stable Fund. The Plan has guaranteed benefits under the terms of the contract. The contract does not contain any type of market value formula or provision, and the Stable Fund does not have maturity dates. The Stable Fund is a benefit-responsive fund. Individual participant accounts invested in the Stable Fund are maintained on a unit value basis. Participants do not have a beneficial ownership in specific underlying securities or other assets in the various funds, but have an interest therein represented by units valued as of the last business day of the period. The funds' earnings, such as dividends and interest, are automatically reinvested in additional units. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Stable Fund, plus earnings, less participant withdrawals.

Generally, contributions to and withdrawal payments from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the participants' accounts are charged or credited with the number of units properly attributable to each participant. At the beginning of each calendar year, TFLIC determines the declared interest rate ("portfolio rate") which will be credited to all monies invested in the Stable Fund during such calendar year.

### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of June 30, 2024 and 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

# Arkansas Children's Defined Contribution Retirement Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## **NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

### **Benefit Payments**

Benefit payments to participants are recorded upon distribution. There were no amounts allocated to participants who had elected to withdraw their balances from the Plan but who had not yet been paid as of June 30, 2024 and 2023.

### **Administrative Expenses**

Certain duties related to the administration of the Plan are performed by employees of the Plan Sponsor; however, the Plan Sponsor does not charge the Plan for the estimated cost of such services. Certain other expenses of maintaining the Plan, including legal and audit fees, are paid directly by the Plan Sponsor and are excluded from these financial statements. For the year ended June 30, 2024, expenses paid by the Plan Sponsor on behalf of the Plan totaled approximately \$16,000.

The Plan Recordkeeper provides certain administrative services to the Plan pursuant to a recordkeeping services agreement between the Plan Sponsor and the Plan Recordkeeper. The Plan Recordkeeper receives revenue using the Fund Revenue Equalization Pricing method. Under this fee allocation method, fees are collected on the participant level and vary from each investment option. The fees collected are used to offset certain amounts owed for administrative services to the Plan. If the revenue collected by the Plan Recordkeeper for the fees received from such mutual fund service providers exceeds the amount owed for administrative services, the Plan Recordkeeper remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During the year ended June 30, 2024, there were no excess amounts. The Plan or the Plan Sponsor, at its discretion, may make a payment to the Plan Recordkeeper for administrative expenses not covered by revenue sharing.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

## **NOTE 3: INVESTMENT INFORMATION CERTIFIED BY THE CUSTODIANS**

The Plan Administrator elected the method of compliance permitted under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Plan's Custodians, State Street Bank and Trust Company and Transamerica Financial Life Insurance Company, Inc., except for comparing such information certified by the Custodians with information included in the Plan's financial statements, notes, and supplemental schedule.

# Arkansas Children's Defined Contribution Retirement Plan

**Notes to Financial Statements  
June 30, 2024 and 2023**

**NOTE 3: INVESTMENT INFORMATION CERTIFIED BY THE CUSTODIANS (Continued)**

The following information included in the accompanying financial statements, related notes and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Plan's Custodians.

|  | 2024          | 2023          |
|--|---------------|---------------|
| Statements of net assets available for benefits:           |               |               |
| Mutual funds   | \$ 79,068,444 | \$ 68,900,435 |
| TFLIC fixed fund   | \$ 105,088    | \$ 74,301     |
| Stable value fund  | \$ 7,490,833  | \$ 7,028,635  |
| Notes receivable from participants                         | \$ 1,509      | \$ 1,183      |
|  | <b>2024</b>   |               |
| Statement of changes in net assets available for benefits: |               |               |
| Interest and dividends                                     | \$ 1,731,855  |               |
| Net appreciation in fair value of investments              | \$ 8,579,455  |               |
| Interest on notes receivable from participants             | \$ 40         |               |

**NOTE 4: FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

- Level 1    Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date.
  
- Level 2    Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability

# Arkansas Children's Defined Contribution Retirement Plan

**Notes to Financial Statements  
June 30, 2024 and 2023**

**NOTE 4: FAIR VALUE MEASUREMENTS (Continued)**

- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023:

Mutual Funds

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

TFLIC Fixed Fund and Stable Value Fund

The funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

|  | Fair Value    | Level 1       | Level 2 | Level 3 |
|--|---------------|---------------|---------|---------|
| <b>June 30, 2024</b>                                   |               |               |         |         |
| Mutual funds   | \$ 79,068,444 | \$ 79,068,444 | \$ -    | \$ -    |
| Investments measured at net asset value <sup>(a)</sup> | 7,595,921     | -             | -       | -       |
| Total  | \$ 86,664,365 | \$ 79,068,444 | \$ -    | \$ -    |

**(Continued)**

## Arkansas Children's Defined Contribution Retirement Plan

### Notes to Financial Statements June 30, 2024 and 2023

#### NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

|   | <u>Fair Value</u>           | <u>Level 1</u>              | <u>Level 2</u>     | <u>Level 3</u>     |
|---|-----------------------------|-----------------------------|--------------------|--------------------|
| <b>June 30, 2023</b>                                      |                             |                             |                    |                    |
| Mutual funds  | \$ 68,900,435               | \$ 68,900,435               | \$ -               | \$ -               |
| Investments measured at<br>net asset value <sup>(a)</sup> | <u>7,102,936</u>            | <u>-</u>                    | <u>-</u>           | <u>-</u>           |
| Total   | <u><u>\$ 76,003,371</u></u> | <u><u>\$ 68,900,435</u></u> | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> |

<sup>(a)</sup> In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

#### Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2024 and 2023, respectively. There are no redemption notification period restrictions for these investments:

|                                  | <u>Fair Value Estimated Using Net Asset Value Per Share at June 30, 2024</u> |                            |                             |                                 |
|----------------------------------|--|----------------------------|-----------------------------|---------------------------------|
|                                  | <u>Fair Value</u>  | <u>Unfunded Commitment</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
| TFLIC fixed fund <sup>(b)</sup>  | \$ 105,088   | n/a                        | Daily                       | None                            |
| Stable value fund <sup>(c)</sup> | <u>7,490,833</u>   | n/a                        | Daily                       | None                            |
| Total Investments at NAV         | <u><u>\$ 7,595,921</u></u>   |                            |                             |                                 |

|                                  | <u>Fair Value Estimated Using Net Asset Value Per Share at June 30, 2023</u> |                            |                             |                                 |
|----------------------------------|--|----------------------------|-----------------------------|---------------------------------|
|                                  | <u>Fair Value</u>  | <u>Unfunded Commitment</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
| TFLIC fixed fund <sup>(b)</sup>  | \$ 74,301  | n/a                        | Daily                       | None                            |
| Stable value fund <sup>(c)</sup> | <u>7,028,635</u>   | n/a                        | Daily                       | None                            |
| Total Investments at NAV         | <u><u>\$ 7,102,936</u></u>   |                            |                             |                                 |

<sup>(b)</sup> The TFLIC Fixed Fund is supported by TFLIC's general account. The general account of TFLIC invests in investment grade fixed income securities, including US government, agency, and corporate issues, as well as individually underwritten mortgage loans and private placements. Both principal and interest are guaranteed.

# Arkansas Children's Defined Contribution Retirement Plan

Notes to Financial Statements  
June 30, 2024 and 2023

## **NOTE 4: FAIR VALUE MEASUREMENTS (Continued)**

### **Fair Value of Investments that Calculate Net Asset Value (Continued)**

<sup>(c)</sup> The Arkansas Children's Stable fund seeks to provide maximum return consistent with a guarantee of principal. Stable value investments seek capital preservation and may be comprised of or may invest in annuity or investment contracts issued by life insurance companies, banks or other financial institutions. Participant initiated transfers are permitted to non-competing funds subject to a 90-day equity wash provision.

## **NOTE 5: EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

The Plan invests in a stable value fund, fixed fund and mutual funds managed by Transamerica, the Plan's Recordkeeper. In addition, Transamerica charges contract administration fees which are paid by the Plan and included in administrative expenses on the statement of changes in net assets available for benefits. These transactions qualify as exempt party-in-interest transactions.

## **NOTE 6: TAX STATUS**

The Plan obtained its latest determination letter on October 31, 2016, in which the Internal Revenue Service stated that the Plan and related Trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. Although the Plan has been amended since receiving the letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believe that the Plan is qualified, and the related Trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the Internal Revenue Service; however there are currently no audits for any tax periods in progress.

## **NOTE 7: RISKS AND UNCERTAINTIES**

The Plan's investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. In addition, certain investment securities may include foreign debt and equity securities in their asset holdings. There are certain additional risks involved when investing in foreign securities that are not present with investments in domestic securities. These risks

# Arkansas Children's Defined Contribution Retirement Plan

Notes to Financial Statements  
June 30, 2024 and 2023

***NOTE 7: RISKS AND UNCERTAINTIES (Continued)***

may involve foreign currency exchange rate fluctuations, adverse political and economic developments and the possible prevention of currency exchange due to foreign governmental laws or restrictions. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

***NOTE 8: SUBSEQUENT EVENTS***

Management has evaluated subsequent events through December 16, 2024, the date that the financial statements were available to be issued. There were no events that met the criteria for accrual or disclosure.

## **Supplemental Schedule**

# Arkansas Children's Defined Contribution Retirement Plan

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year) June 30, 2024

Plan Name: Arkansas Children's Defined Contribution Retirement Plan

Plan Number: 002

Plan Sponsor: Arkansas Children's, Inc.

EIN: 71-0236857

| (a) | (b)  | (c)  | (d)         | (e)                  |
|-----|--|--|-------------|----------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of Investment                      | Cost        | Current<br>Value     |
|     | American Funds   | American Funds American Mutual R5E             | \$ -        | \$ 5,348,515         |
|     | American Funds   | American Funds EuroPacific Growth R2           | -           | 3,502,353            |
|     | American Funds   | American Funds Fundamental Investor R6         | -           | 5,286,415            |
|     | Cohen & Steers   | Cohen & Steers Realty Shares                   | -           | 401,428              |
|     | Dimensional  | DFA U.S. Small Cap I                           | -           | 527,021              |
|     | Federated  | Federated US Treasury Cash Reserve I           | -           | 3,209,962            |
|     | Goldman Sachs  | Goldman Sachs Small/Mid Cap Growth Instl       | -           | 2,095,044            |
|     | Guggenheim   | Guggenheim Total Return Bd Instl               | -           | 7,305,471            |
|     | JPMorgan   | JPMorgan Mid Cap Value R6                      | -           | 2,104,299            |
|     | PIMCO  | PIMCO Total Return Instl                       | -           | 7,198,069            |
|     | T. Rowe Price  | T. Rowe Price Capital Appreciation             | -           | 297,612              |
|     | Vanguard   | Vanguard Growth Index Instl                    | -           | 12,792,924           |
|     | Vanguard   | Vanguard Inflation-Protected Secs Adm          | -           | 6,883,751            |
|     | Vanguard   | Vanguard Institutional Index                   | -           | 5,762,350            |
|     | Vanguard   | Vanguard Mid Cap Index Instl                   | -           | 986,508              |
|     | Vanguard   | Vanguard REIT Index Adm                        | -           | 653,146              |
|     | Vanguard   | Vanguard Short Term Investment Grade Instl     | -           | 3,186,293            |
|     | Vanguard   | Vanguard Small Cap Index Instl                 | -           | 633,738              |
|     | Vanguard   | Vanguard Target Retirement 2020                | -           | 114,801              |
|     | Vanguard   | Vanguard Target Retirement 2025                | -           | 692,850              |
|     | Vanguard   | Vanguard Target Retirement 2030                | -           | 579,864              |
|     | Vanguard   | Vanguard Target Retirement 2035                | -           | 330,564              |
|     | Vanguard   | Vanguard Target Retirement 2040                | -           | 470,783              |
|     | Vanguard   | Vanguard Target Retirement 2045                | -           | 145,997              |
|     | Vanguard   | Vanguard Target Retirement 2050                | -           | 12,815               |
|     | Vanguard   | Vanguard Target Retirement 2055                | -           | 74,882               |
|     | Vanguard   | Vanguard Target Retirement 2060                | -           | 52,724               |
|     | Vanguard   | Vanguard Target Retirement 2065 Inv            | -           | 3,698                |
|     | Vanguard   | Vanguard Target Retirement Income              | -           | 66,040               |
|     | Vanguard   | Vanguard Total International Stock Index Instl | -           | 3,118,844            |
|     | Vanguard   | Vanguard Value Index Instl                     | -           | 5,229,683            |
|     | <b>Total Mutual Funds</b>                                |  | <u>\$ -</u> | <u>\$ 79,068,444</u> |

**(Continued)**

**See Independent Auditor's Report.**

# Arkansas Children's Defined Contribution Retirement Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *(Continued)*  
June 30, 2024

Plan Name: Arkansas Children's Defined Contribution Retirement Plan

Plan Number: 002

Plan Sponsor: Arkansas Children's, Inc.

EIN: 71-0236857

| (a) | (b)  | (c)   | (d)  | (e)              |
|-----|--|---|------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of Investment   | Cost | Current<br>Value |
|     | * Transamerica Financial Life<br>Insurance Co.           | Insurance Company/General Account   | \$ - | \$ 105,088       |
|     | * Transamerica Life<br>Insurance Co.                     | Arkansas Children's Stable Fund   | \$ - | \$ 7,490,833     |
|     | * Participant Loan                                       | Interest rate at 11.50%; June 25, 2025<br>maturity date; secured by the participant's<br>vested balance | \$ - | \$ 1,509         |
|     | * Party-in-interest                                      |   |      |                  |

**See Independent Auditor's Report.**

## Schedule C, Line 2(h) Formula Descriptions

Arkansas Children's Defined Contribution Retirement Plan  
 EIN No.: 81-0801296, Plan No. 002  
 Plan Year Ending: 06/30/2024

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

|                                   |            |
|-----------------------------------|------------|
| TRANSAMERICA RETIREMENT SOLUTIONS | 13-3689044 |
| NATIONAL FINANCIAL SERVICES       | 04-3523567 |

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family             | Fund Name                                       | Start Date | End Date   | Revenue to Transamerica Retirement Solutions | Revenue to National Financial Services |
|-------------------------|---|------------|------------|--|--|
| AMERICAN FUNDS          | AMERICAN EUROPACIFIC GROWTH                     | 1/1/2024   | 6/30/2024  |  | 3.630                                  |
| AMERICAN FUNDS          | AMERICAN EUROPACIFIC GROWTH                     | 10/1/2023  | 12/31/2023 |  | 3.300                                  |
| AMERICAN FUNDS          | AMERICAN EUROPACIFIC GROWTH                     | 7/5/2023   | 9/30/2023  | 106.700                                      | 3.300                                  |
| AMERICAN FUNDS          | AMERICAN EUROPACIFIC GROWTH R5                  | 7/1/2023   | 7/5/2023   | 4.850  | 0.150                                  |
| AMERICAN FUNDS          | AMERICAN FUNDS AMERICAN MUTUAL R5E              | 1/1/2024   | 6/30/2024  |  | 0.495                                  |
| AMERICAN FUNDS          | AMERICAN FUNDS AMERICAN MUTUAL R5E              | 7/5/2023   | 9/30/2023  | 14.550                                       | 0.450                                  |
| AMERICAN FUNDS          | AMERICAN FUNDS AMERICAN MUTUAL R5E              | 10/1/2023  | 12/31/2023 |  | 0.450                                  |
| BLACKROCK               | BLACKROCK INFL PROT SECS BD I                   | 1/1/2024   | 4/16/2024  |  | 0.495                                  |
| BLACKROCK               | BLACKROCK INFL PROT SECS BD I                   | 10/1/2023  | 12/31/2023 |  | 0.450                                  |
| BLACKROCK               | BLACKROCK INFL PROT SECS BD I                   | 7/1/2023   | 9/30/2023  | 14.550                                       | 0.450                                  |
| COHEN & STEERS          | COHEN & STEERS REALTY SHARES                    | 1/1/2024   | 6/30/2024  |  | 1.485                                  |
| COHEN & STEERS          | COHEN & STEERS REALTY SHARES                    | 10/1/2023  | 12/31/2023 |  | 1.350                                  |
| COHEN & STEERS          | COHEN & STEERS REALTY SHARES                    | 7/1/2023   | 9/30/2023  | 43.650                                       | 1.350                                  |
| DFA-DIMENSIONAL         | DFA US SMALL CAP PORTFOLIO                      | 1/1/2024   | 6/30/2024  |  | 0.066                                  |
| DFA-DIMENSIONAL         | DFA US SMALL CAP PORTFOLIO                      | 10/1/2023  | 12/31/2023 |  | 0.060                                  |
| DFA-DIMENSIONAL         | DFA US SMALL CAP PORTFOLIO                      | 7/1/2023   | 9/30/2023  | 1.940  | 0.060                                  |
| FEDERATED HERMES        | FEDERATED HERMES US TREASURY CASH RESERVES INST | 1/1/2024   | 6/30/2024  |  | 0.165                                  |
| FEDERATED HERMES        | FEDERATED HERMES US TREASURY CASH RESERVES INST | 10/1/2023  | 12/31/2023 |  | 0.150                                  |
| FEDERATED HERMES        | FEDERATED HERMES US TREASURY CASH RESERVES INST | 7/1/2023   | 9/30/2023  | 4.850  | 0.150                                  |
| GOLDMAN SACHS           | GOLDMAN SACHS SM MD CP GRWTH                    | 1/1/2024   | 6/30/2024  |  | 0.891                                  |
| GOLDMAN SACHS           | GOLDMAN SACHS SM MD CP GRWTH                    | 10/1/2023  | 12/31/2023 |  | 0.810                                  |
| GOLDMAN SACHS           | GOLDMAN SACHS SM MD CP GRWTH                    | 7/1/2023   | 9/30/2023  | 26.190                                       | 0.810                                  |
| GUGGENHEIM              | GUGGENHEIM TOTAL RETURN BOND INSTL              | 4/16/2024  | 6/30/2024  |  | 0.300                                  |
| METROPOLITAN WEST ASSET | METROPOLITAN WEST TOTAL RE BD                   | 1/1/2024   | 4/16/2024  |  | 1.650                                  |
| METROPOLITAN WEST ASSET | METROPOLITAN WEST TOTAL RE BD                   | 10/1/2023  | 12/31/2023 |  | 1.500                                  |
| METROPOLITAN WEST ASSET | METROPOLITAN WEST TOTAL RE BD                   | 7/1/2023   | 9/30/2023  | 48.500                                       | 1.500                                  |
| PIMCO                   | PIMCO TOTAL RETURN, CLASS A                     | 1/1/2024   | 6/30/2024  |  | 1.485                                  |
| PIMCO                   | PIMCO TOTAL RETURN, CLASS A                     | 10/1/2023  | 12/31/2023 |  | 1.350                                  |
| PIMCO                   | PIMCO TOTAL RETURN, CLASS A                     | 7/1/2023   | 9/30/2023  | 43.650                                       | 1.350                                  |
| T ROWE PRICE            | T. ROWE PRICE CAP APPRECIATION                  | 1/1/2024   | 6/30/2024  |  | 0.495                                  |
| T ROWE PRICE            | T. ROWE PRICE CAP APPRECIATION                  | 10/1/2023  | 12/31/2023 |  | 0.450                                  |
| T ROWE PRICE            | T. ROWE PRICE CAP APPRECIATION                  | 7/1/2023   | 9/30/2023  | 14.550                                       | 0.450                                  |
| T ROWE PRICE            | T. ROWE PRICE GROWTH STOCK                      | 1/1/2024   | 4/16/2024  |  | 0.495                                  |
| T ROWE PRICE            | T. ROWE PRICE GROWTH STOCK                      | 10/1/2023  | 12/31/2023 |  | 0.450                                  |
| T ROWE PRICE            | T. ROWE PRICE GROWTH STOCK                      | 7/5/2023   | 9/30/2023  | 14.550                                       | 0.450                                  |

**Arkansas Children's Defined Contribution Retirement Plan**  
**EIN No.: 81-0801296, Plan No. 002**  
**Schedule H, Line 4i - Schedule of Assets**  
**Plan Year Ending: 06/30/2024**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including Maturity Date,<br>Rate of Interest, Par or Maturity Value | (d)<br>CURRENT VALUE                |
|-----|---|---|-------------------------------------|
| *   | Transamerica Financial Life Ins. Co.                            | TFLIC Stable Fund<br><b>Insurance Company/General Account</b>   | \$ 105,088<br><b>\$ 105,088</b>     |
|     | American Funds  | American Funds Europacific Gr R2  | \$ 3,502,353                        |
|     | American Funds  | American Funds Fundamental Inv R6   | \$ 5,286,415                        |
|     | American Funds  | American Funds American Mtl R5E   | \$ 5,348,515                        |
|     | Cohen & Steers  | Cohen & Steers Realty Shares L  | \$ 401,428                          |
|     | Dimensional   | DFA US Small Cap I  | \$ 527,021                          |
|     | Federated   | FedeRtd Hermes US Trsry Cash Rsrv IS  | \$ 3,209,962                        |
|     | Goldman Sachs   | Goldman Sachs Small/Md cp Gr Instl  | \$ 2,095,044                        |
|     | Guggenheim  | Guggenheim Total Return Bd Instl  | \$ 7,305,471                        |
|     | JPMorgan  | JPMorgan Mid Cap Val R6   | \$ 2,104,299                        |
|     | PIMCO   | PIMCO Total Return A  | \$ 7,198,069                        |
|     | T. Rowe Price   | T. Rowe Price Capital Appreciation  | \$ 297,612                          |
|     | Vanguard  | Vanguard Target Retrmnt 2055  | \$ 74,882                           |
|     | Vanguard  | Vanguard Target Retrmnt 2050  | \$ 12,815                           |
|     | Vanguard  | Vanguard Target Retrmnt 2040  | \$ 470,783                          |
|     | Vanguard  | Vanguard Short Term Inv Grade Instl   | \$ 3,186,293                        |
|     | Vanguard  | Vanguard REIT Index Adm   | \$ 653,146                          |
|     | Vanguard  | Vanguard Gr Index Instl   | \$ 12,792,926                       |
|     | Vanguard  | Vanguard Instl Index  | \$ 5,762,350                        |
|     | Vanguard  | Vanguard Inf-Protected Secs Instl   | \$ 6,883,751                        |
|     | Vanguard  | Vanguard Val Index Instl  | \$ 5,229,683                        |
|     | Vanguard  | Vanguard Mid Cap Index Instl  | \$ 986,508                          |
|     | Vanguard  | Vanguard Small Cap Index Inst   | \$ 633,738                          |
|     | Vanguard  | Vanguard Target Retrmnt 2025  | \$ 692,850                          |
|     | Vanguard  | Vanguard Target Retrmnt 2035  | \$ 330,564                          |
|     | Vanguard  | Vanguard Target Retrmnt 2045  | \$ 145,997                          |
|     | Vanguard  | Vanguard Target Retrmnt 2060  | \$ 52,724                           |
|     | Vanguard  | Vanguard Target Retrmnt 2065 Inv  | \$ 3,698                            |
|     | Vanguard  | Vanguard Target Retrmnt 2030  | \$ 579,864                          |
|     | Vanguard  | Vanguard Target Retrmnt Inc   | \$ 66,040                           |
|     | Vanguard  | Vanguard Total Intl Stock Idx Instl   | \$ 3,118,844                        |
|     | Vanguard  | Vanguard Target Retrmnt 2020  | \$ 114,801                          |
|     |   | <b>Mutual Funds Total</b>   | <b>\$ 79,068,444</b>                |
| *   | Transamerica Life Ins Co  | Arkansas Children's Stable Fund<br><b>Other Fund Total</b>  | \$ 7,490,833<br><b>\$ 7,490,833</b> |
| *   | Participants  | Notes Receivable with interest rates of 11.50%  | \$ 1,500                            |
|     |   | <b>TOTAL PLAN ASSETS</b>  | <b>\$ 86,665,865</b>                |

\* Indicates Party-In-Interest to the Plan